

October 1, 2003

The Secretary for Health Services

COMMONWEALTH OF KENTUCKY
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PAUL E. PATTON
GOVERNOR

MARCIA R. MORGAN
SECRETARY

September 30, 2003

The Honorable Paul E. Patton
Governor of the Commonwealth of Kentucky

Members of the Kentucky General Assembly

Dear Governor Patton and Member of the General Assembly

We are pleased to present you with the third annual report of the Kentucky Commission on Services and Supports for Individuals with Mental Illness, Alcohol and Other Drug Abuse Disorders, and Dual Diagnosis as required in KRS 210.504(8).

This report highlights the activities over the past year of the Commission, its 14 Regional Planning Councils and its workgroups. In particular, the report illustrates the Commission's commitment to the collaborative nature of its work and continued efforts to improve the quality, availability and delivery of services to citizens whose lives are affected by mental illness, substance abuse disorders or both. Additionally, the report reflects changes in the composition and operation of the Commission as required by HB 194 and HB 269, which were passed during the 2003 session of the Kentucky General Assembly.

We would like to take this opportunity to express our gratitude for allocations included in the last biennial budget in areas of concern to the Commission. Your commitment to individuals who are affected by mental illness and substance abuse has allowed our Commonwealth to take some steps forward in planning and implementation, despite times of financial hardship.

We are appreciative of the continued support and leadership we have received from you, Governor, and the members of the Kentucky General Assembly. We are also grateful for the leadership of the Regional MH/MR Boards and the participation of hundreds of committed consumers, family members, citizens, advocates, providers and community leaders across Kentucky who are participating on the Regional Planning Councils.

On behalf of all Commission members and the citizens of the Commonwealth, we ask for your continued support of this important work. If you have questions or would like additional information about the Commission or any of the activities described in the report, please do not hesitate to contact us.

Sincerely,

Secretary Marcia R. Morgan
Co-Chair

Representative Mary Lou Marzian
Co-Chair

COMMISSION MEMBERS

State Representative Mary Lou Marzian, Louisville, Co-Chair

Cabinet for Health Services Secretary Marcia Morgan, Co-Chair
(Ellen Hesen, designee)

Criminal Justice Council Executive Director Nick Muller

Adult family member of a consumer of mental health or substance abuse services
Bernie Block (Robert Hicks, alternate)

Regional Planning Council Chairperson Wanda Bolze
(Andrew Dorton, designee)

State Senator Charlie Borders, Russell
(Bryan Sunderland, designee)

Office of Transportation Delivery Executive Director Vickie Bourne
(Kalem Juett, designee)

Justice Cabinet Secretary Ishmon F. Burks
(Karen Quinn, designee)

Kentucky Agency for Substance Abuse Policy Executive Director Larry Carrico
(David Mawn, designee)

Vocational Rehabilitation Commissioner Bruce Crump
(Robin Ritter, designee)

State Representative Bob Damron, Nicholasville

Consumer of mental health or substance abuse services Rickie Dublin
(Jim Coleman, alternate)

Protection and Advocacy Division Director Maureen Fitzgerald

Office of Family Resource and Youth Services Centers Director Robert Goodlett
(Mary Ann Taylor, designee)

State Senator Dan Kelly, Springfield
(Bryan Sunderland, designee)

Juvenile Justice Commissioner Ron Bishop
(Bill Heffron, designee)

Administrative Office of the Courts Director Cicely Lambert
(Lisa Minton and Melinda Wheeler, designees)

Kentucky Housing Corporation Chief Executive Officer F. Lynn Luallen
(Natalie Hutcheson and Larry Kimberlain, designees)

State Representative Charlie Siler, Williamsburg

State Senator Johnny Ray Turner, Drift

Cabinet for Families and Children Secretary Viola Miller
(Tara Parker, designee)

Mental Health/Mental Retardation Services Commissioner Margaret Pennington

Department for Medicaid Services Commissioner Mike Robinson
(Tricia Salyer, designee)

Department of Corrections Commissioner Vertner Taylor
(Rick Purvis, designee)

Office of Aging Services Executive Director Jerry Whitley

Department of Education Commissioner Gene Wilhoit
(Angela Wilkins, designee)

Department of Public Health Commissioner Rice Leach
(George Graham, designee)

EXECUTIVE SUMMARY

This is the third annual report from the Kentucky Commission on Services and Supports for Individuals with Mental Illness, Alcohol and Other Drug Disorders, and Dual Diagnosis – also known as the “HB 843 Commission.” The Template for Change 2003 provides an update on the activities and accomplishments related to the work of the Commission.

For the past three years, the HB 843 initiative has been a focal point of work for hundreds of Kentuckians who are committed to improving the lives of individuals in the Commonwealth who are affected by mental illness or substance abuse disorders. These Kentuckians have made significant contributions to the work of the HB 843 Commission through their participation on the regional planning councils or the workgroups. There is a history and summary of the HB 843 process since its inception that has been included in this annual report.

This report, as required by law, is provided to the Governor and his staff and to the Kentucky General Assembly in order to keep policy-makers informed about the unmet needs across the state and the planning being done to meet those needs. The fact that some of the priority recommendations from the HB 843 Commission were included in the 2002 Governor’s spending plan and then incorporated by action of the 2003 General Assembly into law is testimony to the effective first steps which have been taken. In terms of general fund spending for mental health and substance abuse services, Kentucky’s ranking is one of the lowest nationally, while the HB 843 Commission remains steadfast in its ten-year goal of raising the Commonwealth to an above average ranking of at least 25th in the nation.

Legislation (03 HB 194) passed by the General Assembly 2003 GA confirmed the Governor’s Executive Order of July 1, 2002 by expanding the Commission’s membership, which now includes 26 members and three alternates. Especially noteworthy was the addition of consumers and family members of consumers of mental health or substance abuse services.

The notebook of 2003 Commission reports includes:

- Updates from the 14 Regional Planning Councils;
- Activity summaries from the 10 Workgroups; and
- Feedback from the Regional Planning Councils on Workgroup activities

The on-going work of the Regional Planning Councils and the commitment of its citizen members is critical to maintaining the “bottom-up” planning and implementation process which is the heart of the original HB 843 legislation. There is much work to be done both regionally and at the statewide levels to raise awareness and to increase the availability and quality of necessary services and supports for individuals with mental illness, alcohol and other drug abuse disorders and dual diagnoses.

The goal of the HB 843 Commission is to create an integrated mental health and substance abuse service delivery system that truly meets the needs of Kentuckians in every part of the state. Working from the grid of Priority Recommendations set by the Commission in June of 2001 and updated to reflect accomplishments and activities, the next step for the Commission is to issue its two-year plan on December 1, 2003.

HB 843 COMMISSION ON SERVICES AND SUPPORTS FOR INDIVIDUALS WITH MENTAL ILLNESS, ALCOHOL AND OTHER DRUG ABUSE DISORDERS AND DUAL DIAGNOSES

HISTORY AND SUMMARY

- I. HB 843 passes the 2000 KY General Assembly (unanimously) and becomes law upon Governor Patton's signature – April 21, 2000.
- II. The 14 Regional MH/MR Boards established under KRS 210 as the planning entity for the provision of services in each region convene the Regional Planning Councils, as directed by HB 843. Literally hundreds of Kentuckians accept the invitation to join the councils or to participate in the needs-assessment and planning processes.
- III. The Kentucky Commission on Services and Supports for Individuals with Mental Illness, Alcohol and Other Drug Abuse Disorders and Dual Diagnoses meets for the first time September, 2000. The Commission is chaired by Rep. Mary Lou Marzian and Secretary Jimmy Helton from the Cabinet for Health Services, later replaced by Secretary Marcia Morgan. Other legislators named to the Commission are Senators Charlie Borders, Dan Kelly and Ed Miller and Representatives Barbara Colter and Bob Damron. Also serving on the Commission are representatives of the Cabinets for Families and Children and for Justice, and the Departments of Mental Health/Mental Retardation Services, Medicaid Services, Education, Protection and Advocacy, Corrections, Juvenile Justice and Vocational Rehabilitation.
- IV. The 14 Regional Planning Councils are composed of consumers, family members, public and private sector providers, facilities and agencies, community leaders, law enforcement and judicial personnel, educators, physical health care providers and facilities and advocates. The councils conduct needs assessments, surveys and public forums to hear input across the region. Several hundred more Kentuckians are involved in the data gathering process across the state. The Regional Planning Councils submit their written reports and recommendations to the Statewide Commission on December 21, 2000.
- V. The Statewide Commission hears oral summaries of the Regional Planning Council reports on two days of testimony held on January 3 and 4, 2001.
- VI. A number of "common issues" are consistently identified as needing to be addressed across all regions of the state:
 - a. Collaboration
 - b. Planning
 - c. Fiscal Policy
 - d. Public Policy
 - e. Public Education
 - f. Professional Staffing
 - g. Transportation/Access
- VII. The Commission authorizes five work groups made up of stakeholders around the state to analyze the council reports from these perspectives:
 - a. Children
 - b. Adults

- c. Aging
- d. Criminal Justice
- e. Quality Assurance/Consumer Satisfaction

- VIII. The Commission receives the reports from the work groups in May and identifies several other issues which are common in theme across regions:
 - a. Housing and Housing Supports
 - b. Supported Employment
 - c. Gaps in the Continuum of Services
- IX. The Commission also hears testimony from consumers and family members about their most pressing needs; from Judges operating Drug Courts and Mental Health Courts about their effectiveness; from NCSL and from the Texas Mental Health Boards about fiscal policy and funding and from the KY Transportation Cabinet and transportation vendors about problems in the system.
- X. The Commission votes to approve its recommendations and prepares its final report, due on June 21, 2001.
- XI. The report is distributed to the Governor, the General Assembly, elected officials, Commission and Regional Planning Council members, and to other interested parties.
- XII. The Commission meets on July 23, 2001 to review its recommendations and to set priorities, with input from the Regional Planning Councils. Priorities are articulated in two broad categories: those that have a fiscal impact and those, which can be implemented without funding increases.
- XIII. The Kentucky Criminal Justice Council meets on September 11, 2001 to review the HB 843 Statewide Commission's recommendations concerning the Criminal Justice/Behavioral Health Interface. Nearly all HB 843 recommendations were endorsed by the Council and several additional recommendations were made.
- XIV. The HB 843 Statewide Commission holds a Press Conference on October 10, 2001 in the Capitol Rotunda. At that time, the Commission announces its recommendations and priorities and receives a report from Justice Stephens of the KY Criminal Justice Council. Reports on Regional Planning Council activities also were received at that time. The Press Conference provides an opportunity to educate the public on the widespread needs that must be addressed if individuals with mental illness, substance abuse or dual diagnoses are to be effectively supported and served in communities across Kentucky.
- XV. Legislation is filed in the 2002 General Assembly to extend the HB 843 Planning Process; amendments are made to more fully coordinate the HB 843 planning process with the KY Agency on Substance Abuse Policy (KY-ASAP) which was also authorized in the 2002 GA. The legislative session ends before the bill passes.
- XVI. The HB 843 Statewide Commission recommendations regarding increased funding for MH/SA services are presented as part of the budget process. While a budget is not passed in the legislative session, the Governor's spending plan incorporates the #1 recommendation of the Commission that the array of Crisis Stabilization Services for children and for adults be completed. Also added to that spending plan are continuation funds for a program targeted at pregnant women and those of childbearing years who have substance disorders.

Other allocations of new monies are made for training jail staff in each county facility to recognize and deal with possible suicides among jail inmates. A new program is also created to provide comprehensive, wrap-around services for 24 individuals with mental illness that would support them to move from a facility to a community-based setting. Another new program is created to identify very young children with mental health problems and to provide early intervention with them and their caregivers. A total of \$12.4M is allocated for these MH/SA initiatives.

- XVII. The HB 843 Statewide Commission continues its regular meetings with the addition of new commission members (consumers, family members, Regional Planning Council chairs, AOC, KY-ASAP, Office of Aging, Housing Corporation and Transportation Cabinet) appointed by Executive Order.

The Commission authorizes the establishment of several new Workgroups to respond to needs that have been articulated by the Regional Planning Councils and other stakeholders. The Workgroups are:

- a. Advance Mental Health Directive
- b. Aging
- c. Children
- d. Criminal Justice/Behavioral Health
- e. Employment & Supports
- f. Housing & Supports
- g. Professional Staffing
- h. Public Education
- i. Quality Assurance/Consumer Satisfaction
- j. Transportation

- XVIII. The Regional Planning Councils submit updated reports to the Commission in September of 2002, as do the Workgroups. These are assembled into an updated report for the Governor, General Assembly members and Executive branch cabinets and departments.

- XIX. In the 2003 General Assembly session, HB 194 passes. This legislation confirms in statute the addition of commission members described above, clarifies the respective roles of the on-going planning by the Regional Planning Council and the input of the Workgroups, and removes the sunset clause.

- XX. Also, the 2003 General Assembly passes a budget that includes the funding items described above. Senate President Williams appoints Senator Johnny Ray Turner (Drift) to replace Senator Ed Miller and House Speaker Richards appoints Representative Charlie Siler (Williamsburg) to replace Representative Barbara Colter.

- XXI. The 14 Regional Planning Councils submit to the HB 843 Statewide Commission on July 1, 2003 an update of the work they have done since the submission of their original report in December of 2000 and their 2002 update. Each Regional Planning Council prepares testimony on its priority issues to be presented to the HB 843 Statewide Commission in mid-October.

- XXII. On August 15, 2003, the HB 843 Statewide Commission receives updates from the Workgroups of their activities since their original reports in June of 2001 and their updated reports in September of 2002. As specified in HB 194, the commission receives at the same time the input of the Regional Planning Councils to the reports of Workgroup activities.

XXIII. The Commission issues its third annual report on October 1, 2003, reflecting the updated activity of the Regional Planning Councils, Workgroups and the Commission itself. The two-year work plan and recommendations for the 2004 General Assembly session are due to be issued by the HB 843 Statewide Commission on December 1, 2003.

ACTIVITIES OF THE COMMISSION

LEGISLATIVE ACTION

While the primary focus of the 2003 Kentucky General Assembly session was on enactment of the budget, there was considerable effort placed on the passage of **HB 194**, as it expanded the membership of the HB 843 Commission by putting into statute Executive Order 2002-760 issued by Governor Paul Patton on July 1, 2002. With passage of the bill, the Commission now has twenty-six members and three alternates. Additional Commission members include:

- A representative and an alternate from the following stakeholder groups appointed by the Secretary of Health Services:
 - Adult consumers of mental health or substance abuse services;
 - Family members of consumers of mental health or substance abuse services; and
 - Chairpersons of Regional Planning Councils.
- Directors of the following state agencies:
 - The Director of the Administrative Office of the Courts;
 - The Executive Director of the Criminal Justice Council;
 - The Executive Director of the Kentucky Agency for Substance Abuse Policy;
 - The Chief Executive Officer of the Kentucky Housing Corporation;
 - The Executive Director of the Office of Aging Services of the Cabinet for Health Services;
 - The Executive Director of the Office of Family Resource and Youth Service Centers;
 - The Executive Director of the Office of Transportation Delivery of the Transportation Cabinet.

HB 194 also removed the sunset clause which had been in the original (HB 843, 2000 GA) legislation and further defined the role of the Regional Planning Councils and their interface with the Commission and any Workgroups appointed by the Commission.

The collaborative efforts of a large number of stakeholders came together in the HB 843 Workgroup on the Advance Directive for Mental Health Treatment and resulted in successful advocacy for the passage of **HB 99** in the 2003 legislative session. This legislation reflected the strong voice of consumers of mental health services and their desire to have a legally-binding document which would enable them to express their wishes with regard to mental health treatment at a point in time when a crisis might preclude their full participation in their treatment.

SB 114 was passed by the 2003 Kentucky General Assembly in response to a growing problem in assuring adequate numbers of Certified Alcohol and Drug Counselors. This legislation retained the current requirements for individuals to achieve certification as CADCs by removing a future requirement for candidates to have a Master's degree in addictions.

Transportation issues continue to be the focus of work by the Commission. **SB 168**, passed in the 2003 session, addressed a small piece of the problem by resolving issues around providing escorts when needed for Medicaid non-emergency medical transportation.

In addition to providing new funding for training and consultation by the Regional MH/MR Boards with local jail, language in **HB 269** required that the HB 843 Commission study and make recommendations about the mentally ill in jails.

A number of other issues and proposed legislation were discussed at the Regional Planning Council level or by the Commission. These legislative items are reflected in the Commission's Agenda items listed below.

COMMISSION MEETINGS

Subsequent to its last report in October 2002, the Commission has focused on implementing initial recommendations and identifying enhancements of the state plan.

Meeting Date	Agenda Items
November 18, 2002	<ul style="list-style-type: none"> Legislative Initiatives relating to the Advance Mental Health Directive, Deemed Status, Consumer Grievance Procedures, HB843 Extension and Actions of the Jail Standards Commission Collaboration of the Community Mental Health Centers and Criminal Justice Facilities for MH Services Children's Initiatives Acquired Brain Injury Task Force Recommendations
January 27, 2003	<ul style="list-style-type: none"> Departmental Reports regarding Effects of Budget Cuts for FY 03 - 04 Effects of Budget Cuts on Regional Planning Council's 2003 Pending Legislation relating to HB 843 Commission Extension, Advance Mental Health Directive, Consistent Services to Persons with Disabilities, Tobacco Tax, Medicaid Buy-In Program, Adult Foster Care Task Force, Use of Psychotropic Drugs for Children, Non-Violent Substance Abuse Offenders, and Involuntary Commitment of Persons Suffering from Alcohol and other Drug Abuse
April 15, 2003	<ul style="list-style-type: none"> Consumers addressed the Commission regarding Service Needs to Grow in Recovery, MH/SA Needs in the Community, and Priorities for Systems Change Current and Projected Budget Analyses Legislation From 2003 General Assembly related to Advance Directive for MH Treatment, Medicaid Human services Transportation, Qualifications of Certified Alcohol and Drug Counselors, Extension of Task Force on Acquired Brain Injury, Extension of Commission on MR/DD, Jailer Mental Health Screening Training, Mental Health consultation and Education to Jails, Narcotic Treatment Reporting, and Involuntary Commitment of Persons Suffering from Alcohol and Other Drug Abuse Commission Extension, Timelines, Duties, Reporting Requirements and Development of 2-Year Work Plan
July 1, 2003	<ul style="list-style-type: none"> Roundtable Discussion regarding the Greatest Challenge or Question about Substance Abuse from Commission Member's perspective Overview of Substance Abuse Treatment in Kentucky Kids Now Initiative Regional Planning Council Recommendations for Substance Abuse Treatment Options in Kentucky KY ASAP Treatment Initiatives Kentucky Substance Abuse Treatment Outcome Study (KTOS) 2000 Follow-up Findings

	<ul style="list-style-type: none"> • Timetable for Work Group Reports including comments from Regional Planning Council's • Overview of Prescription Drug Abuse in Kentucky
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ACTIVITIES OF THE REGIONAL PLANNING COUNCILS

Each of the 14 Regional Planning Councils has submitted a report of its activities over the past year. These full reports are included in the Commission's report notebook and include updates to their last report, implementation efforts undertaken at the regional level and goals to be addressed in the future. These reports are available from the Department of Mental Health.

ACTIVITIES OF THE WORKGROUPS

Each of the 10 Workgroups established by the HB 843 Commission has submitted a report of its activities over the past year. In addition to these reports of activities and recommendations, the Commission's report notebook contains the feedback of Regional Planning Councils to the HB 843 Commission regarding the Workgroup activities and focus. These reports are available from the Department of Mental Health.

**UPDATE OF PRIORITY
RECOMMENDATIONS
ISSUED ON
JULY 23, 2001**

**COMMISSION ON SERVICES AND
SUPPORTS FOR INDIVIDUALS WITH
MENTAL ILLNESS, ALCOHOL AND
OTHER DRUG ABUSE DISORDERS
AND DUAL DIAGNOSES**

**UPDATE OF PRIORITY RECOMMENDATIONS ISSUED ON JULY 23, 2001
BY THE COMMISSION ON SERVICES AND SUPPORTS FOR INDIVIDUALS WITH
MENTAL ILLNESS, ALCOHOL AND OTHER DRUG ABUSE DISORDERS AND DUAL
DIAGNOSES
“THE HB 843 COMMISSION ON MH/SA”**

PRIORITY RECOMMENDATIONS WHICH REQUIRE NEW OR INCREASED FUNDING: BIENNIAL BUDGET 2002-04

<u>RECOMMENDATION</u>	<u>ACTION TAKEN</u>
<p>Priorities which are included in moving Kentucky from its current national ranking of 44th in per capita spending on Mental Health/Substance Abuse (MH/SA) services to the upper half of states – a ranking of 25th nationally. This would be accomplished over the next ten years with increased funding of \$25M/year for Mental Health/Substance Abuse (MH/SA) services through the Department of MH/MR Services.</p>	<p>2002-04 Budget allocated \$12.4M in new funding through DMH/MRS for Mental Health/Substance Abuse services.</p> <ul style="list-style-type: none"> ➤ \$6M for completion of crisis stabilization units (CSUs). ➤ \$2M for Behavioral Health Services for Children ages zero to five: (\$1M/'03, \$1M/'04) ➤ \$1.9 Million for Wrap-Around Services for the Severely Mentally Ill institutionalized in state psychiatric hospitals for extended periods of time (New Olmstead Initiative): (\$1.1M/'03, \$.8M/'04) ➤ \$2M to continue Substance Abuse Services for Pregnant Women: (\$1M/'03, \$1M/'04) ➤ \$.5M for training and consultation by CMHCs with local jailers: (\$275,000/'03 and \$275,000/'04)
<p>Complete the Regional Crisis Stabilization Service Array so that each of the 14 Mental Health/Mental Retardation regions has the services necessary to respond to a child or an adult with a mental health or substance abuse emergency situation. Eleven of the 28 units authorized in the 1994 Budget Bill have not ever been funded.</p>	<p>Budget Allocation of \$6M for completion of 7 crisis stabilization units (CSUs) for adults and 4 CSUs for children, so that the full array of crisis programs will be complete by the end of the biennium.</p> <p>Using the new funding, the following were implemented in FY 2003: Adult: Communicare, Cumberland River, Four Rivers and Pennyroyal;. Both adult and child: Northern Kentucky.</p> <p>The following will be implemented in FY 2004: Adult: Adanta and</p>

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	Comprehend. Child: Cumberland River, Four Rivers and River Valley.
Increase available transportation for all persons who need to access MH/SA services by developing collaborations with other agencies, creating mobile services and paying for public transportation or alternative means.	SB 168 passed by 2003 GA resolved issue of providing escorts when needed for Medicaid non-emergency medical transportation
Establish an array of suitable housing options and housing supports for consumers with mental illness, substance abuse and dual diagnoses through collaborative efforts and increased funding.	Five CMHCs (Bluegrass, Cumberland River, LifeSkills, Mountain and Pennyroyal) have received funding from the KY Housing Corporation to build six duplexes and one 11-unit complex. These units will serve individuals with disabilities, some of whom may be individuals with severe mental illness, substance abuse disorders or dual diagnoses.
	\$2M for Behavioral Health Services for Children ages zero to five in collaboration with Public Health & Day Care Centers (New Program): \$1 M/'03, \$1 M/'04. A statewide network of full-time Early Childhood Mental Health Specialists is in place through a collaborative effort of the Departments of Education, Public Health and DMHMRS with the Regional Boards.
Support Regional Flexible Safety Net Funding to assure services for those who do not have any payer source and to assure a seamless continuum of care in each region of the state. This Flexible Safety Net Funding may be used in each region to:	
a. Assure the availability of trained mental health and substance abuse professionals in all regions of the state through increased educational programs and financial investment in improved salaries and benefits.	HB 57 in 2002 GA created licensure for MH Counselors and SB 94 (2002 GA) increased the types and numbers of MH professionals who can be Qualified Mental Health Professionals (QMHPs); SB 114 (2003 GA) removed a potential barrier to CADC certifications. Efforts by Regional Boards and the Commission's Professional Staffing Workgroup opened dialogue among Regional Boards and the regional universities and colleges to improve the accessibility of graduate programs to non-Master's level staff.
b. Expand the availability and increase the utilization of telehealth and distance learning technology to reduce the isolation in the rural areas, to integrate the community provider network and to implement training programs.	
c. Assure availability and appropriate use of all effective medications; increase funding for the community medication program; assess pilot programs for the use of evidence-based procedures for clinical decision-making in prescribing medications, evaluating outcomes as to quality of life, clinical effectiveness,	Seven Counties Services (SCS), Central State Hospital and University Hospital are collaborating on a pilot KyMAP to improve quality and continuity of medication management. SCS is also piloting a cooperative agreement with primary care centers to improve access to

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cost savings and cost offset; increase greater access to prescribing professionals and education of consumers and family members about new medications.	medications and psychiatric consultation.
d. Reduce repeated institutionalizations by increasing proactive case management and wrap-around services, by educating consumers and families to reduce the risk; by utilizing consumer and family operated services; and by increasing collaboration with institutions for more proactive discharge planning.	\$1.9 Million for Wrap-Around Services for the Severely Mentally Ill institutionalized in state psychiatric hospitals for extended periods of time. Support for 24 persons includes meds, housing, therapy and intensive case management: \$1.1M/'03, \$.8M/'04. (New Olmstead Initiative) New funding has helped about two dozen long-term patients in state hospitals transition to the community using the wraparound services approach. Peer advocates and housing innovations have been crucial supports. Regional boards act as fiscal agents for the initiative and provide intensive case management.
	HB 99, the product of a Workgroup established by the HB 843 Commission, passed the 2003 GA; the bill established the Advance Directive for Mental Health Treatment, which was a priority of consumers of mental health services.
e. Collaborate with community partners to identify education opportunities and to promote anti-stigma activities through a coordinated statewide public education campaign designed to increase the likelihood that individuals will recognize and seek treatment for their mental illness or substance abuse disorder. Institute training across systems to increase identification of mental health and substance abuse issues and appropriate referral of individuals for treatment.	The Public Education Workgroup established by the Commission has surveyed existing public awareness activities and materials and has begun planning a variety of statewide public education/awareness activities, using MH and SA Block Grant funds identified by DMHMRS.
Increase treatment services for individuals with Substance Abuse Disorders or Dual Diagnoses:	
a. Assure availability of appropriately trained professionals to deliver assessment and treatment services.	SB 114, passed by the 2003 GA, removed an obstacle to continued credentialing for CADC (SA) professionals. Regional boards are cross-training clinicians and are reviewing, with state officials, administrative hurdles to providing integrated interventions to persons with dual diagnoses. Wellspring, a Louisville-area non-profit mental health agency, hosted training for clinicians in the "Evidence-Based Practice Toolkit" for co-occurring disorders identified by the Federal Substance Abuse and Mental Health Services Administration.
b. Address barriers to access for suitable housing for persons with substance abuse disorders or dual diagnoses, particularly with the establishment of sober housing options for consumers in recovery.	

c. Expand drug courts across the state.	The Commission heard a progress report on Drug Courts at its July 1 st meeting and will hear further reports on maintenance and expansion costs at its October 16, 2003 meeting.
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d. Assure access to all appropriate medications, including those which treat craving for substances.	
e. Increase the availability of medical and non-medical detoxification services (including social model detox) for consumers with substance abuse problems.	
f. Increase the availability of case management and wrap-around services for individuals with substance abuse disorders or dual diagnoses.	
g. Develop an accessible continuum of care for children and youth with substance abuse diagnoses, including therapeutic foster care and residential treatment facilities.	
	\$2M to continue Substance Abuse Services for Pregnant Women: \$1M/'03, \$1M/'04
Priority recommendations which require additional dollars, but the funding would not come directly from the Department of Mental Health/Mental Retardation Services and would not count toward improving Kentucky's national ranking in per capita spending on MH/SA services:	
Collaborate with the Cabinet for Workforce Development to implement the Supported Employment Funding Initiative developed by the Cabinet, the Department of Vocational Rehabilitation, consumers, families, advocates and service providers.	\$400,000 for Work Force Development Cabinet to expand Supported Employment Services for the Disabled (all types of disabilities) (\$200,000/'03, \$200,000/'04); initial budget request was \$8M (\$3M/'03; \$5M/'04). Using this new funding, the Department of Vocational Rehabilitation is providing long-term supported employment services to 143 individuals.
Expand Medicaid coverage of Primary and Secondary Substance Abuse Diagnoses to Medicaid-eligible populations of all ages.	
Institute a Medicaid Buy-In Program with the Ticket to Work initiative and provide access to Medicaid Buy-In for those Medicaid-eligible consumers who are employed or who are planning to work.	HB 79 passed House, but failed to pass the Senate in the 2003 GA session
Expand the collaboration of the Departments of Mental Health/Mental Retardation Services and the Department of Corrections with the Justice Cabinet, Administrative Office of the Courts and the Criminal Justice Council for funding to implement Criminal Justice/Behavioral Health initiatives.	

Criminal Justice/Behavioral Health initiatives include:	
a. Cross-Systems training of all stakeholders involved with the interface of the criminal justice/behavioral health systems at the state, regional and local levels.	A training curriculum was developed through the Commission's CJ/BH Workgroup. Three workshops were provided to jailers and Regional MH/MR Board staff in Fall, 2002 to train them as trainers in this initiative. In turn, the jailer/CMHC teams trained 1,405 jail staff with the curriculum by the end of FY 2003. Additionally, the number of formal agreements with CMHCs to provide mental health and substance abuse services in the jails increased to 31.
b. Maintaining and expanding Drug Courts across the state for youth and adults.	
c. Implementing two pilot Mental Health Courts – one rural and one urban.	
d. Funding specialized intensive case managers, wrap-around dollars and community resource coordinators to identify and secure services necessary for youth and adults at the Criminal Justice/Behavioral Health interface.	
e. Providing an array of housing options for diversion and reintegration.	
f. In conjunction with the Jailers' Association, local jailers and the Department of Corrections, developing regional behavioral health jails to offer specialized treatment services to inmates with MH/SA diagnoses.	
	Language was added to the budget to have the HB 843 Commission study and make recommendations about the mentally ill in jails; also added funding for training and consultation by CMHCs with local jailers (\$275,000/'03 and \$275,000/'04)

PRIORITY RECOMMENDATIONS WHICH DO NOT REQUIRE NEW OR INCREASED FUNDING: The goal is to establish a new policy **direction** for Kentucky to be a national leader in community-based care for persons with MH/SA problems based on best practices, regional planning and coordination of services.

Continue the collaborative process created by HB 843 as the first step toward creating an integrated community-based system of care. Remove the sunset provision on the HB 843 Commission and Regional Planning Councils, recognizing that planning and improving MH/SA services for Kentucky's citizens will be a long-term process.	HB 194 passed the 2003 General Assembly and was signed into law. The bill removed the sunset provision, acknowledging that planning and implementation would be on-going.
Affirm the Regional Planning Councils by defining their continuing role in reviewing progress toward goals, conducting needs assessments and making recommendations to the Regional MH/MR Boards. Encourage participation on the Regional Planning Councils to reflect consumers, caregivers, family members and professionals from all age groups.	HB 194 affirmed the role of the Regional Planning Councils and allocated \$12,500 per year to the (14) HB 843 Regional Planning Councils to defray expenses. Also, DMHMRS requires that Regional Planning Councils review plans for mental health services submitted by the Regional Boards as part of its Annual Plan and Budget process.
Add to the Statewide Commission: Consumer, Family Member, Regional Planning Council Chair, other Cabinets and Departments, Criminal Justice Council and KY-ASAP; assure coordination with other planning and oversight entities.	HB 194 expanded the membership of the HB 843 Commission to broaden the representation of stake-holders in the planning and implementation process.
Review existing statutes and regulations in light of the Commission's recommendations, repealing or revising where needed, and enacting legislation to implement recommended policies.	
Increase housing options for older persons with mental illness, substance abuse or dual diagnoses who are at risk for premature institutional/facility placement or are able to leave institutional care to live in the community, if appropriate housing and housing supports are available.	
Assess the adequacy and availability of the current mental health and substance abuse professional workforce in each region.	KARP is updating the licensure and certification board data regarding the number of credentialed MH/SA providers in the state. The HB 843 Children's Workgroup survey of evidence-based outcomes has been expanded to include workforce personnel and practice information.
Set a two-year work plan for the Regional Planning Councils and Statewide Commission: Articulate behavioral goals to be accomplished in the statewide plan; put these issues on future agenda for the Regional Planning Councils and the Statewide Commission, utilizing the regional information, needs assessments and recommendations. Future items include:	The HB 843 Commission established Workgroups to review Regional Planning Council recommendations and to develop further information related to: Mental Health and Aging; Coordination of Children's Services;

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<p>MH/SA Services for aging population; Children's MH/SA services in schools; Reviewing KRS 202A and KRS 504, receiving regional input as to local problems with these statutes, convening a broad-based statewide work group to make recommendations to the Commission; Mental Health Courts; Availability of most effective medications; Outcome measures and consumer satisfaction; Access to substance abuse treatment for veterans and for physicians and other professionals who are impaired because of addictions.</p>	<p>Criminal Justice/Behavioral Health interface, including the "gap" between KRS 202A and KRS 504 commitments; and Quality Assurance, including grievance procedures, consumer satisfaction and outcomes.</p>
<p>Require all providers who receive public funds to have formalized quality assurance/quality improvement processes, including a grievance procedure.</p>	<p>The QA/CS Workgroup has developed recommendations for grievance procedures. It has also merged with the association of QI managers for Regional Boards and the advisory committee for the MH Outcomes projects of DMHMRS.</p>
<p>Increase access to community-based hospitalization, rather than depending only on state institutions.</p>	<p>The closure of psychiatric units in community hospitals has reduced access to this service in several areas. DMHMRS is studying private and public hospital bed utilization and tracking the trends.</p>
<p>Identify the specific barriers in each region which prevent the elderly from accessing mental health and substance abuse treatment services.</p>	
<p>Collaborate with universities and the Council on Postsecondary Education to identify needs and to develop strategies for educating and training professional staff, including pilot cross-systems education programs.</p>	<p>Two Collaboration Forums have been held; another forum is being planned for Fall, 2003</p>
<p>Advocate with insurers for appropriate and comprehensive Mental Health and Substance Abuse benefits for all ages, expanding the parity law's application, if necessary.</p>	

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